



PATENT APPLICATION FEE DETERMINATION RECORD				Application or Docket Number 39288-61 (S/N 09/293,861)
---	--	--	--	---

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	15 minus 20 =	* 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
	\$ _____		\$ _____
x \$ 9 =	0	x \$ _____ =	0
x 39 =	0	x _____ =	0
+ _____ =	0	+ _____ =	0
TOTAL	0	OR TOTAL	0

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 24	Minus	** 20 = 4
Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x \$ 9 =	36	x \$ _____ =	0
x 40 =	0	x _____ =	0
+ _____ =	0	OR + _____ =	0
TOTAL	36	OR TOTAL	0

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 40	Minus	** 24 = 16
Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x \$ 9 =	144	x \$ _____ =	0
x 40 =	0	x _____ =	0
+ _____ =	0	OR + _____ =	0
TOTAL	144	OR TOTAL	0

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 40	Minus	** 24 = 16
Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x \$ 9 =	0	x \$ _____ =	0
x 40 =	0	x _____ =	0
+ _____ =	0	OR + _____ =	0
TOTAL	0	OR TOTAL	0

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.  
Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.